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27074								
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ALLAANDKIN,	[(Depositor's name)						
							(Signature)	
						····	(Date)	
APPLICATION NO.	FILING DA	TE	FIRST NAMED INVENT	TOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/604,201 06/30/2003		Gaurav Sharma	114790 1200					
FITLE OF INVENTION ATTRIBUTES	: SYSTEMS AND M	TETHODS FOR ASSOCIAT	TING COLOR PROFIL	ES WITH A SCANN	ED INPU	JT IMAGE USING S	SPATIAL.	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/18/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
HUNG, YUBIN		2624	382-162000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys					
Change of corresp Address form PTO/SI	ondence address (or (3/122) attached.	or agents OR, alternatively, (2) the name of a single firm (having as a member a						
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE D	ATA TO BE PRINTED ON	THE PATENT (print o	r type)		ocatalan da d	a summer than been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSI	GNEE	(B) RESIDENCE: (C	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Xerox Corpo	ration		Norwalk, C	Norwalk, CT				
Please check the appropr	iate assignee categor	y or categories (will not be p	orinted on the patent):	Individual 🖾 C	Corporatio	on or other private gro	oup entity Government	
4a. The following fee(s)	(Please first reapply any previously paid issue fee shown above)							
Issue Fee		A check is enclosed. Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (N		VITE Dispator is be	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).					
			overpayment, to I	Deposit Account Numb	ber <u>24</u> -	0037 (enclose a	n extra copy of this form).	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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Authorized Signature	VIA	Date November 25, 2008						
Typed or printed nameKipman T. Werking			Registration No. 60,187					
Type of prince of the late of								
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